

OCA FILE 72 / 72110

ROUTING AND RECORD

Senate Liaison Office
WASHINGTON, D.C.

JUN 1983

MEMORANDUM FOR: Senate Liaison Officer,
Office of Congressional Affairs

FROM:

Director of Medical Services

SUBJECT: OMS Comments on S.1629

1. The attached comments on S.1629 are from the Office of Medical Services' Safety Division Chief and the Environmental Health & Preventive Medicine Officer.

2. While both believe it to be unnecessary and ill-advised, direct adverse impact on the Agency seems unlikely. EHPMO's comments cite an exemption on national security grounds from the proposed legislation for certain Federal buildings.

Attachments

26 May 1988

MEMORANDUM FOR: Executive Officer/OMS

STAT

FROM:

Environmental Health and Preventive Medicine
Officer (EHPMO/OMS)

SUBJECT: Comments, S.1629 Indoor Air Pollution

STAT

1. I agree with the comments provided in the 24 May 1988 memorandum signed by

2. In my view, it is inappropriate or an oversight for this bill to have been masterminded without including a statement that a wealth of knowledge already exists and is available on hundreds of chemicals and substances that include most of the substances that have been implicated in indoor air pollution studies/evaluations, and that further studies should build on this information and further refine the scientific data base relative to the levels of exposure found in indoor office air exposures.

3. One of the things the bill proposes is to determine the health effects and threats of exposure to indoor air contaminants. To my knowledge, the EPA doesn't have any staff of qualified health professionals to develop this information. The bill should stipulate that the health expertise developed and existing in OSHA, NIOSH, CDC, HHS, the AMA, AOMA, and ASHRAE should be utilized in developing the scientific information concerning the health effects of indoor air pollutants, the list of contaminants, contaminant health advisories, and the response plans. The only potential for required/designated health expertise, as currently written, is through an HHS member on the National Indoor Air Quality Council.

4. If this bill is made law, it is anticipated the resultant knowledge will undoubtedly impact on the Agency in a generic way. However, as currently written on page 25, Federal buildings may be exempted from Federal Building Response Plans on the grounds of national security, as may a planned Federal building (page 37), so the Agency may not be required legally to participate or conform with the law.

5. While I appreciate what the bill is proposing, it seems the same thing could be accomplished by establishing components in existing programs in the EPA, OSHA, and NIOSH that are structured to require a coordinated effort and focus on addressing indoor air pollution. While the initial funding proposed in S.1629 for this new separate entity is to be \$58 million per year for five years, if it follows the usual course of new government programs it is almost certain this will expand significantly with time in both dollars and personnel.

STAT

cc: C/SD/OMS
C/OHB/SD/OMS



24 May 1988

MEMORANDUM FOR: Director of Medical Services

FROM:

Chief, Safety Division
Office of Medical Services

SUBJECT: Comments, Indoor Air Quality Act

1. The Act would authorize a national program to reduce the threat to human health posed by incidental exposure to air contaminants in public buildings, schools, residences, and the nonindustrial workplace. The Act would establish an Office of Indoor Quality in the EPA.

2. The Act cites radon, asbestos, formaldehyde, benzene, carbon monoxide, nitrogen oxides, carbon dioxide, lead, chlorine, and ozone as examples of indoor air contaminants. Nothing new here. All these contaminants have been extensively studied by OSHA, et al, in the industrial workplace. Data from OSHA studies can easily be used to establish more stringent health standards for other environments. (More stringent standards are needed because the industrial population is basically healthy, and other populations contain the very young, sick, and old who are at greater risk.)

3. The Act ignores existing OSHA data and standards and proposes a national program of research and development for new data and standards using the EPA. The Safety Division believes the threat to the health of CIA employees could be reduced in a more timely manner by enforcing existing OSHA standards, or by tailoring existing OSHA standards to the nonindustrial workplace.

4. The Act would have a significant impact on the Agency as the majority of our employees are incidentally exposed to air contaminants in the nonindustrial workplace. Compliance with the Act would require increased monitoring of the nonindustrial workplace. The Safety Division is not in compliance with current requirements for our industrial workplaces (P&PD Building, NPIC, OTS labs) where employees are occupationally exposed to contaminants. Additional resources would be needed to comply with the Act after achieving compliance in our industrial workplaces. The threat to CIA employee health is generally higher in industrial workplaces.